

PLEASE COMPLETE THE PROPOSAL FORM BELOW. SHOULD THE INSURED CONCEAL, MISREPRESENT OR FAIL TO DISCLOSE ANY FACT OF CIRCUMSTANCE WHICH EFFECTS COVERAGE OR ITS FORMATION, COVERAGE WILL BE VOIDABLE FROM INCEPTION.

PLEASE RETURN COMPLETED PROPOSAL FORM TO PAUL MURPHY 0207 100 7496 or email paul.murphy@insureaircraft.co.uk

Name

Address

Telephone number

Email address

Are you a member of?

AOPA Independent Flight Examiners Associate Other or None:

If other please state here:

Licence number

Please specify which if any of the additional coverages you require:

Examiner Coverage Required Yes / No EASA Countries Extension Required Yes / No

Public / Premises Liability Yes / No Vehicle Airside Extension Required Yes / No

Pilot Personal Accident Coverage Required Yes / No please specify PA limit? _____

Date of Birth

Policy start date

Claims history in the last 5 years.

Types of aircraft you instruct on (please delete those not applicable)

Fixed wing piston engine

Multi engine fixed wing piston engine

Glider

Single engine fixed wing turbine engine

Piston rotor wing

Turbine rotor wing

PLEASE NOTE ANY TYPE OF AIRCRAFT NOT LISTED ABOUT IS OTHERWISE EXCLUDED

Signature

Date